THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 19, 1885.

Original.

A MURMUR THAT WAS NOT INDICATIVE OF HEART DISEASE.

BY E. J. KEMPF, M. D.

The following mistake may be a warning to some young physician not to jump at conclusions.

In May, 1885, Miss H., of D., was sent to me by Dr. B. for examination and advice. The lady was eighteen years of age, single, of a weakly build, anemic, and melancholic. She had a short, dry cough, which seemed more habit than any thing else. Her appetite was bad, her bowels were constipated, she was nervous and hysterical; her monthlies were irregular, scant, and painful; she was troubled with backache, headache, and a general weariness.

I examined her lungs with the stethoscope and by percussion. Resonance clear; both sides being equally resonant. Breathing, expiratory sound prolonged; voice, only slightly intensified; a few sibilant râles; no dullness at the apex of either lung, and no bronchial breathing. The heart sounds, systolic and diastolic, were thought to be normal. In the left infra-clavicular I discovered a murmur, very distinct, and corresponding to the first sound of the heart; it was therefore a systolic murmur.

My diagnosis of the case was a "pulmonic-obstruction" disease of the heart. A constructive treatment was advised, and a guarded prognosis was given; this in a letter to the attending physician.

The advice I had given to the patient and the constructive treatment did her a great deal of good, and she came back to see me again in a few weeks. She was more cheerful and was picking up flesh rapidly.

Having much curiosity to see what that "pulmonic obstruction" was doing, I again examined the patient's heart. The attending physician had also heard the murmur on my calling his attention to it, and he agreed with my diagnosis. I found the systolic murmur in the left infra-clavicular region as before. But while I was listening to the murmur it struck my mind that the murmur *decreased as I left the shoulder*, and moved toward the sternum; whereas a pulmonary murmur is greatest at the junction of the third rib and the sternum, and *decreases going toward the shoulder.*

I saw my mistake. It was a murmur in the left sub-clavian artery, and may have been a normal peculiarity or an anemic murmur. I set myself aright before the attending physician, and told the patient her heart was well again.

I lost sight of the patient, and do not know whether she recovered from her illness or not.

At least, I had learned the lesson not to jump at conclusions while examining a diseased heart.

The patient's disease was chlorosis, and not pulmonary obstruction. The patient's main symptoms, anemia, irritable cough, nervousness, melancholia, etc., are found with both diseases.

JASPER, IND.

SUFFOCATION FROM WATER GAS. A CASE.

BY EWING MARSHALL, M. D.

Assistant to the Chairs of Practice and Materia Medica, Medical Department University of Louisville.

On December 2d a man, going down into a hole to stop a leak in a gas pipe, on the corner of Seventh and Chestnut streets, in Louisville, was overcome by the gas, and, before his fellow workmen could remove him, he became insensible. I found him lying on the side-walk in a puddle of water; a bucket of water had been dashed upon him just before

my arrival. Respiration had ceased, and his pulse was incompressible. There was apparently spasm of the glottis, with the lung-space completely filled by the gas. By stimulating with ammonia, and assisting exhalation by pressure on the chest, his respiration was worked up to ten in the minute. I then had him carried to the University building, which was near at hand. There, with the assistance of Dr. H. M. Goodman and several of the under-graduates, I continued the efforts at restoration until consciousness and normal muscular power returned.

Besides the ammonia he was given a considerable quantity of whisky, and upon the suggestion of Dr. Goodman, the inhalation of ether was added to the treatment. Whenever the spasm of the glottis would return the man suffered with active rigors. When he became conscious he continually complained of being cold. He was able to walk home in two hours and a half after treatment was begun.

ADHERENT PREPUCE AND SOME OF ITS CONSEQUENCES.

BY L. MILLER WOODSON, M.D.

CASE I. Andrew B., colored, aged one year and two months, having never before been sick, was taken, on the evening of March 25, 1885, with a convulsion lasting for about three minutes, for which nothing was done. On the following night, about one o'clock, he was seized with another much more severe, and still his parents sent for no physician. On the next morning, at about eight o'clock, another occurred with increased severity, and I was summoned in haste. When I arrived the child was recovering from the attack. After an examination of the case I ordered potassium bromide and hydrate of chloral in appropriate doses, and left him resting quietly and very much better. When I returned in the afternoon, at about two o'clock, the patient had another convulsion, which came on in a few minutes after I entered the house. The spasm lasted for about ten minutes, and seemed likely to end the child's existence in spite of treatment. During this attack I noticed what seemed, on the part of the patient, an attempt to clutch the genitals, and this put me upon the track of the cause. The penis showed, on examination, a pin-hole orifice, with the prepuce elongated and adherent. The foreskin was stretched and peeled back, and there was no return of convulsions until about two months afterward, when like treatment was resorted to. Since that time he has had no return of spasms, and is now in perfect health.

CASE II. A CASE OF REFLEX PARESIS.—James B., white, aged twenty-two months, had been in health until a few weeks ago, when his parents noticed that he was losing the use of his lower extremities, which were also gradually diminishing in size. For this condition, upon the statements of its parents, I prescribed the usual remedial measures, but did not see the child until several weeks afterward. I then gave him a thorough examination. In this case, as in the other, I found at the meatus a pin-hole orifice with the prepuce adherent and elongated. Stretching and stripping were done, and rapid improvement supervened. To-day the child has perfect use of his limbs.

Another class of cases is characterized by frequent and painful micturition, and sometimes enuresis. The boys are restless and irritable, manipulating the penis for the relief of disagreeable sensations, and in time becoming confirmed masturbators. I have had the good fortune to see and relieve several cases of this type by correcting the deformity upon which the symptoms depended.

In conclusion, it may be asked if the Jews have not set, in their practice of circumcision, an example which might well be followed by the rest of mankind. If all males of the human race were circumcised before they have passed the age of six months, not a few serious afflictions of childhood, youth, and manhood would be forestalled.

GALLATIN, TENN.

Miscellany.

THE ACTION OF ANTIPYRINE UPON THE CROUPOUS PNEUMONIA OF CHILDREN.—(*Deutsche Med. Zeitung.*) Accurate observations upon the value of this drug were recently made upon five children ranging between the ages of four and eight years, who were suffering from croupous pneumonia. It was administered in the form of powder dissolved in water, and was received by the children without repugnance, also being well tolerated. In twenty-five doses in which it was given, vomiting was excited

only twice; in a few other cases there was slight nausea. About three hours after its administration the temperature had in most cases declined two degrees. In some cases it went below the normal, but never with any symptoms of collapse. The pulse usually became stronger, but its abnormal frequency did not diminish at the same rate with the temperature. As compared with kairine it was observed that antipyrine produced a more gradual declension of temperature. The scale of dosage which was adopted was the following: To children from six months to a year old, every three hours until three doses had been given, were administered two tenths of a gram. From one to three years, every two or three hours, three tenths of a gram. From four to five years, every two hours, three tenths to four tenths of a gram. From six to eight years, every two hours, five tenths to six tenths of a gram. From ten to twelve years, every hour, from six tenths to seventy-five hundredths of a gram. In no case should more than three doses per day be given. The same drug was also given to four healthy children, the result being that the average decline of the normal temperature was from one to one and a half degrees, and the greatest variations from the normal always took place during the hours of the night.—*Archives of Pediatrics.*

COCAINE IN WHOOPING-COUGH. — Dr. Prior, of Bonn (*Berliner Klinische Wochenschrift*) has treated several cases of whooping-cough with cocaine with good results. As is evident on *a priori* grounds, he does not consider the drug a specific, but simply a means of relieving and reducing the number of the paroxysms. He used fifteen and twenty-per-cent solutions to paint the fauces, the inter-arytenoid fossa, and the vocal cords, with the result of prolonging the interval between the attacks, and lessening the severity of these. The treatment was resorted to twice daily, great stress being laid on the necessity of producing at the time complete anesthesia of the fauces and upper part of the larynx. Inhalation of a twenty-per-cent solution four times a day was not so successful as painting.—*British Medical Journal.*

MISTLETOE AS A PARTURIFACIENT.—Dr. G. V. Hale, in a recent number of the Texas Courier Record, calls attention to the use of the fluid extract of mistletoe (*Phoradendron flanescens*) in cases where a uterine stimulant is required. He says but little mention is made of this useful agent. In doses of twenty to forty minims, repeated at intervals, he has had the most happy results. In a recent case, occurring in a patient aged thirty-seven years—fifth confinement—in which hard pains simulating those of labor had existed at long intervals for some two days, followed by a sudden gush of liquor amnii and then a complete cessation of any pains for two hours, an exhibition of this preparation in the manner indicated above was followed in less than an hour by effective contractions and the birth of a nine-pound male child in less than two hours thereafter, the shortest labor ever experienced by the grateful patient.

There seems to be no contra-indication to its use at any stage of labor—other things being equal, of course—and it seems probable that we have in mistletoe a parturifacient not excelled, if equaled, by ergot or gossypium.

THE RELATION OF INTELLIGENCE TO THE SIZE OF BRAIN.—An interesting article on this subject has been published in the last number of the *Revue d'Anthropologie*, by Dr. Adolphe Bloch. He studies the question from two points of view, dealing, in the first part of his paper, with anatomical observation, while, in the second part, he describes the different conditions inherent in the individual, or independent of him, which regulate the development of the intelligence. The conclusions which he arrives at are as follows:

1. There is no absolute relation between the intelligence and the volume of the brain, since very intelligent individuals may have small brains, while, on the other hand, very ordinary persons may have large brains, as is well known. In certain races of low intellect, cases are to be met with where the brain or cranal capacity is relatively of a considerable size.

2. The causes which lead to the brain being of larger or small size are numerous, since the volume of encephalon may be in proportion to the stature or the weight of the body, or to the muscular power of the individual. Finally, the brain proper may become voluminous in a race or individual proportionately with the degree of intellectual activity.

3. The most important factor in determining the degree of intelligence of the individual is the quality of the cerebral cells. That quality is constituted by the

weaker or stronger impressionability or excitability of the cerebral cells, they being considered the substratum of the intelligence. That impressionability of the cells may be native or acquired. The former is the mark of a superior intelligence; the latter can be produced by continued work; it can also be produced by certain neuroses.

4. In a race, there are influences not dependent upon the individual, but acting upon the whole race, which contribute toward the improvement of the intelligence and the selection of remarkable men. The nature and the degree of intelligence also vary according to race, but no where does the volume alone of the brain constitute the principal factor of the intelligence.

BROMHYDRATE OF PELLETIERINE.—The Paris correspondent of the British Medical Journal says:

M. Galezowski read a paper before the Académie de Médecine on the action of pelletierine on the motor nerves of the eye. His researches are based on the ocular disturbance which occurs in subjects who absorb pelletierine; they are affected with diplopia. The observance of this fact induced M. Galezowski to prescribe pelletierine when there is paralysis of the third and sixth pairs. Iodide of potassium and blisters have failed where pelletierine has cured; the preparation used is syrup of pelletierine, 1 gram per 120 parts of syrup. From three to six doses were administered. Unfortunately, this substance is excessively dear. M. Galezowski hopes to meet this difficulty by administering pelletierine in subcutaneous injections.

HEMORRHAGE INTO GRAY MATTER OF SPINAL CORD.—At a late meeting of the London Pathological Society (British Medical Journal) Dr. Chaffey read notes of a case in which extensive hemorrhage occurred into the gray matter of the spinal cord without affecting the white matter. A female child, aged four years, was seized with vomiting some hours after a severe fall. Two days after the fall, she was unable to sit up; and by the fourth day she was paraplegic. From the fifth day there was some trouble in micturition. Six days after the fall she was admitted into the Children's Hospital, Great Ormond Street. There was paraplegia, and slight accumulation of mucus in the throat. In the afternoon there was some duskiness. The reflex phenomena were abolished, but sensation was unaffected. Shortly before death the right arm appeared to be weakened. The temperature rose to 101° before death. Death occurred some days after the fall. At the necropsy, the lumbar enlargement was seen to be swollen. On section, copious hemorrhage was seen to have taken place into the gray matter. In the lower part of the lumbar enlargement, the whole gray matter was involved, but the area involved diminished higher up; in the cervical enlargement the hemorrhage was limited to the anterior cornua. The white matter was normal except in the lower part of the lumbar enlargement, where it was softened. The nuclei of origin of the nerves in the medulla oblongata were affected.

INTERNATIONAL MEDICAL CONGRESS.—The Philadelphia Medical News says that the present executive committee, acting under the provision by which its membership may be increased to thirty, elected, at a meeting held in New York last month, Drs. J. S. Billings, U. S. A., J. M. Browne, U. S. N., Christopher Johnson, of Baltimore, Geo. J. Engelman, of St. Louis, J. M. Da Costa and William Pepper, of Philadelphia, of the original committee. We are informed that all these gentlemen have declined to accept the appointment.

CINCINNATI ACADEMY OF MEDICINE.—At the meeting of December 21st, Dr. W. S. Christopher will read a paper on "Ovulation During Pregnancy," and exhibit microscopical specimens from the lower animals bearing on the subject.

DR. HENRY F. FORMAD will delivér the Mutter Lectures at the College of Physicians, of Philadelphia. The first one was delivered December 8th. The others are to be delivered each Tuesday and Friday evening until January 19, 1885.

AFTER January the Detroit Lancet will be known as the American Lancet. It will remain under the editorial management of Dr. Conner.

A DEATH from yellow fever is said to have occurred, last week, on board a steamer lying at New Orleans.

CHICAGO is to have a Polyclinic School for graduates in medicine.

The Louisville Medical News.

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JEALOUSY AMONG DOCTORS.

It is very commonly remarked that there is more of jealousy and heartburning among the members of the medical profession than those of any other calling. The charge comes so near being true that it is perhaps more easy to explain and excuse it than to deny it.

Theoretically, no other calling except the Christian ministry ought to attract to its ranks a more benevolent and charitable class of men than the profession of medicine. Doubtless there are men who enter upon the study and practice for purely mercenary motives. But the great mass of disciples of the art of healing certainly take into account in advance the innumerable claims that will be made upon the humane elements of their character in the pursuit of their chosen profession.

Then certainly the study of medicine has nothing in it to belittle the mind, but, on the contrary, it embraces many of the noblest subjects that the soul can contemplate; the grandest mysteries, the tenderest secrets, the broadest generalizations of science are all in the purview of the tasks and duties of the physician. This being so, how does it come then that physicians, seemingly to put it even so mildly, have less of charity toward each other than do lawyers, ministers, and members of various other callings.

In the first place, the practice of medicine is, to a large extent, a solitary affair on the part of each physician as regards others engaged in the same work. When a suit is brought lawyers have to be employed on each side, and often many in the same case. Lawyers can hunt in packs. The successful minister is not taking from his brother when he makes additions to his church, but when he strengthens his own congregation he strengthens the entire connection. But, whatever each doctor gets to do, means that others shall get just so much less.

Then, again, the preacher's creed is a fixed one, and there is little room for serious controversy among those who are brought into contact in the same relation. The law is also, to a great extent, a settled matter, and where it is not so lawyers realize that their disputes can be submitted to the arbitration of a higher tribunal, where they will be impartially passed upon, and the loser in such appeals is censured by no one except his client. An adverse decision does not reflect upon him, for, to make the worse appear the better cause, is regarded by the public as a part of his duty. But the physician has no such settled creed as the clergyman, nor any such convenient method of appeal as the advocate. His appeal must be to the general public, ill qualified to try the case at best, and with a most inconvenient habit of trying, not the question, but the doctor himself. So each doctor prefers trying his own case, as he then feels better assured of a favorable verdict.

Furthermore, there is a certain amount of mental force or energy that in nearly every calling can be spent directly in a desire for increase of business. The distillers' conscience does'nt hurt him when he wishes people to drink more whisky. The pastor can legitimately desire the young folk of his flock to

marry, so that he can get the fees pertaining to the ceremony. The merchant, without the least self reproach, can wish that change of fashion or cold weather will make people buy his clothing; and even the lawyer can wish, with all his heart, that rich heirs may contest their father's will, and that, too, with a clear conscience; but no doctor will dare to wish, individually, for people to get sick; he can not find it in his conscience to wish for business except in that general way expressed in the petition, "Give us this day our daily bread;" so he finds employment for the energy which others can put directly into their business, by wishing for his neighbor doctors to starve; or, in other words, that he himself may absorb all the business upon which they collectively depend for a livelihood. Therefore, while it by no means argues perfection, it is really to the credit of the medical profession, in the present state of human weakness, that they exhibit among themselves an unusual degree of jealousy.

IS LEPROSY CONTAGIOUS?

There is, at present, a very wide-spread discussion of the contagiousness of leprosy, with the preponderance of opinion on the negative side.

The reasons upon which the belief of its non-contagiousness is based is furnished by the facts that lepers may reside among healthy people for generations, and in the most intimate relations, such as that of servant and master, husband and wife, parents and children, and yet the healthy people so situated will not be observed to suffer with leprosy more than others of the community who have little or seemingly nothing to do with the leprous subjects.

These facts are admitted by all; but there are other facts that lead many physicians to the belief that the disease is contagious. In the Sandwich Islands, for instance, there were no cases of leprosy whatever among the natives until the Chinese and Norwegians emigrated there; and since that time a large number of cases have developed. Among the Choctaw Indians, in Louisiana, there are not and never have been any cases of leprosy, while among the French, who occupy the same character of territory, and in the same neighborhood, but who came from Canada and the West Indies, in both of which places there is leprosy, there are many cases.

In Florida, Georgia, Texas, and the Carolinas, on the same character of lowlands, but occupied by a people who have not been connected with leprous ancestry, the disease is unknown. In Nebraska it is not known; in Minnesota, where the Scandinavians have settled, there are many cases. The American Indians never had a case.

Is it easier, therefore, to believe that leprosy springs up spontaneously in all parts of the earth, or that it is a disease of very weak contagious power, but of a very long stage of incubation? All analogy pronounces for its contagiousness.

Many persons are refractory to smallpox. Suppose this class amounted to all but one in a thousand, and that the virus of smallpox was accustomed to remain latent in the system for four or five years before breaking out, could we for that reason doubt its contagiousness? If the virus of hydrophobia were communicated in as obscure a manner as the virus of smallpox, with its long incubation period, and the many exceptions to the communication of the disease among those who are exposed to its cause, we could, with equally as great reason, doubt its contagiousness as we can that of leprosy.

THE Executive Committee of the Big Congress has softened its shrill clarion, and dropping from its lofty perch is trying to wheedle some of the eminent dissenters back into the organization. It is evident that this chucking will be wasted upon the highbred brooders, and that the congressional egg will be addled, if not broken, before the days of its incubation shall be fulfilled.

Bibliography.

A System of Practical Medicine, by American Authors. Edited by WILLIAM PEPPER, M.D., LL. D., Provost Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume III, Diseases of the Respiratory, Circulatory, and Hematopoietic System. Philadelphia: Lea Brothers & Co. 8vo, pp. 1032; leather. 1885.

Volume III of this great work contains forty-five articles by twenty-seven contributors, and, by the nature of the fields of pathology here brought to view, is of interest alike to the general practitioner and specialist. The diseases of the respiratory and circulatory apparatuses are discussed through 881 of the volume's 1032 pages; and in view of recent unfoldings in the pathology, and valuable discoveries in the therapeutics of these affections, the volume, being fresh and abreast with the times, well sustains its *raison d' etre.* The contributors to these departments are chiefly authors of wide distinction, some of them being specialists of the first rank. Flint, Loomis, Jacobi, Da Costa, Solis Cohen and the editor are represented in specimens of their best work.

The third part of the volume, Diseases of the Blood and the Hemopoietic System, deals with much that lies in the shadowy realms of pathological research; but the topics as here set forth by Drs. Hays Agnew, Busey, Atkinson, and Osler make interesting reading and indicate substantial advance in this department of study.

A System of Obstetric Medicine, Theoretical and Clinical: for the Student and Practitioner By ROBERT BARNES, M.D., Obstetric Physician to St. George's Hospital, Consulting Physician to the Chelsea Hospital for Women, etc., and FANCOURT BARNES, M. D., Physician to the Royal Maternity Charity, and to the British Lying-in Hospital; Assistant Obstetric Physician to the Great Northern Hospital, Physician to the Chelsea Hospital for Women. Illustrated with two hundred and thirty-one woodcuts. 8vo, pp. vii–884. Cloth, $5.00; leather, $6.00. Philadelphia: Lea Brothers & Co. 1885.

It was hardly to have been expected that after contributing so many valuable discoveries and improvements to the mass of obstetric knowledge, Robert Barnes would willingly surrender his life-task, and leave to others the honor of building into memorial fabrics for themselves the wealth of material he had prepared; at all events, not without casting a "longing, lingering look behind." So, looking upon this work, the result of a lifetime of more than ordinarily fruitful labors, aided in every part by a son of his own training, helped out by chosen and tried friends and scholars of especial eminence in their several departments, Robert Barnes can well exclaim with old Simeon, "Now lettest thou thy servant depart in peace."

Still with all there seems a lack. Of facts and principles, those of value that are left out remain to be discovered, and on all matters of diversity of opinion he is at least as safe as any. In the concise mathematical statement of facts and processes, we are reminded how rapidly we are approaching the method of the exact sciences; how soon we may be required to study all vital processes in terms of the calculus; how the good old days are gone when we could lay aside a dull novel, and, for relief, read a half dozen interesting pages of anecdotes in some standard work on obstetrics. Yet we feel that the style of this work might have been smoother and the reading made an easier task. But as Watsons do not appear every day in medical literature, and Emersons find something else to do, we shall not be losers when we take this casket, if only for the treasures it contains.

D. T. S.

A Reference Hand-Book of the Medical Sciences. Being a complete and convenient work of reference for information upon the topics belonging to the entire range of scientific and practical medicine, and consisting of a series of concise essays, and brief paragraphs, arranged in the alphabetical order of the topics of which they treat, prepared by writers who are experts in their respective departments, illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. I. Royal 8vo, pp. 808; leather. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

This is the first volume of a medical work of truly cyclopedic scope and character. So far as we know, nothing like it has before been attempted in this country, and if the coming volumes fulfill the promise of the first, nothing extant in medical literature will be comparable to it as a reference and working manual for the practitioner, student, and writer. Judging from the volume under notice, which embraces all topics in alphabetical order from AAC—CAT, the characters of the ideal cyclopedia are well

maintained. Each article is the result of extended research, and the matter, being thoroughly sifted and digested, is presented without waste of words or flaw in diction. The broad pages are arranged in double columns; the margins are ample; the type is clear; the illustrations full and true to nature, while, by an admirable arrangement of the captions and running titles at the upper corners of the pages, any desired topic may be found without trouble or loss of time. The contributors represent in the main names well known in current medical literature, and each seems to be at home in the particular subject which he essays. Each article is signed, and many of them are supplemented by a paragraph of bibliography. The chromo plates, four in number, are very beautiful.

A Text-Book of Pharmacology, Therapeutics. and Materia Medica. By T. LAUDER BRUNTON, M. D., D. Sc., F. R. S., F.R.C.P., Assistant Physician and Lecturer on Materia Medica at St. Bartholomew's Hospital, etc. Adapted to the United States Pharmacopeia by FRANCIS H. WILLIAMS, M.D., Boston. Philadelphia: Lea Brothers & Co. 8vo; leather; pp. 1035.

For many years the practical researches of Dr. Brunton in the physiological action of drugs have enriched the science of medicine and made his name illustrious. His long-promised work which should lay the results of his labors systematically before the profession has been awaited with large expectations, and will now meet with hearty reception.

It is a noble volume, and well attests the author's fitness to rank among the real benefactors of the race. The subject-matter of the work is presented in six sections. Section 1 deals with General Pharmacology and Therapeutics; section 2, with General Pharmacy; section 3, with Inorganic Materia Medica; section 4, with Organic Materia Medica; section 5, with Vegetable Materia Medica, and section 6, with the Animal Kingdom. The book is rich in physiological medicine, the theory of the action of drugs being fully discussed and freely illustrated by figures and diagrams. Due attention is paid to the chemistry of drugs, and the application of chemical laws to the science of therapy; but the paragraphs which describe the drugs and pharmaceutical preparations are necessarily brief, since any thing like an elaborate discussion of these themes would have swollen the work to unwieldy proportions.

Three liberal indexes, a General Index, an Index of Diseases and Remedies, and a Bibliographical Index, add materially to the practical value of the work. They stand as a fitting rebuke to the indolence or eccentricity of certain authors who just now are taxing the patience and time of the reader by issuing their volumes without this necessary appendage.

The Principles and Practice of Surgery. By JOHN ASHHURST, JR., M. D., Professor of Clinical Surgery in the University of Pennsylvania, Senior Surgeon to the Children's Hospital, Consulting Surgeon to the Women's Hospital, and to the Hospital of the Good Shepherd, etc. Fourth edition, enlarged and thoroughly revised, with five hundred and ninety-seven illustrations. 8vo, pp. xvii—1118. Philadelphia: Lea Brothers & Co. 1885.

In surgery, as in every department of medicine in fact, the science has expanded into cumbrous systems which are indispensable to the special surgeon, but which the practitioner who has to divide his attention finds himself unable to master so as to attain a versatile readiness in times of emergency. For all such this "Practical Surgery" of Prof. Ashhurst is eminently suitable. Nor is it likely that, even in the highest walks of the science, any will be met who will find in these pages unprofitable reading. In addition to the richness of matter, the style is remarkably attractive and the typography all that could be desired. We know of none better of its class.

D. T. S.

A Manual of the Diseases of Women. Being a Concise and Systematic Exposition of the Theory and Practice of Gynecology, for use of students and practitioners. By CHARLES H. MAY, M.D., late House Physician, Mt. Sinai Hospital, New York, Assistant to the chair of Ophthalmology, New York Polyclinic, Clinical Assistant, Department of Ophthalmology, Manhattan Eye and Ear Hospital, New York. 12mo, pp. xi–349. Philadelphia: Lea Brothers & Co.

In this brief *résumé* of the science of gynecology the author does not pretend to advance any original opinions of his own, but merely to exhibit in a comprehensive form the most important features in the teaching of the various masters in this line, such especially as he found most appropriate for his quiz classes. For such use and for running over from time to time, as one would run over an index for the purpose of keeping fresh in mind the association of ideas that the names call up, we could commend it.

D. T. S.

Practical Surgery; including Surgical Dressings, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, and Excision of Joints. By J. EWING MEARS, M.D., Lecturer on Practical Surgery in Jefferson Medical College, Professor of Anatomy and Clinical Surgery in the Pennsylvania College of Dental Surgery, Surgeon to St. Mary's Hospital, Gynecologist to Jefferson Medical College Hospital, Fellow of the American Surgical Association, etc. With four hundred and ninety illustrations. 12mo, pp. xii—794. Cloth, $3.75; Sheep, $4.75. Philadelphia: P. Blakiston, Son & Co. 1885.

This is a well-digested epitome of the practice of surgery, by an author of much experience, and well able to decide what features deserve to be placed well in the foreground. Though not intended to be exhaustive, or to supply the place of larger works, as a ready help it can not fail to be valuable. The illustrations are numerous and excellent, and especially good in the matter of bandages. For a lucid, well-digested book of ready reference, it is entitled to a place. D. T. S.

Cases in Orthopedic Surgery. By Ap Morgan Vance, M.D. Reprinted from New York Medical Journal.

Abnormal Positions of the Head. What do they indicate? By Edward Borck, A. M., M.D. A Clinical Lecture. Reprinted from the Medical and Surgical Reporter. 1885.

Rectal Medication. By D. W. Cathell, M.D. Reprinted from the Transactions of the Medical and Chirurgical Faculty of Maryland. 1885.

A Manual of Microscopical Technology, for use in the Investigation of Medicine and Pathological Anatomy. By Dr. Carl Friedlaender, Lecturer on Pathological Anatomy in the University of Berlin. Translated, with the express permission of the author, from the second enlarged and corrected edition, by Stephen Yates Howell, M. A., M.D., Buffalo, N. Y. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885. Price, $1.

Brain-rest: being a Disquisition on the Curative Properties of Prolonged Sleep. By J. Leonard Corning, M.D., formerly resident Assistant Physician to the Hudson River State Hospital for the Insane; Member of the Medical Society of the County of New York, of the New York Academy of Medicine, Physician to the New York Neurological Infirmary, etc. Second edition, revised and enlarged, with additional illustrations. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

Practical Suggestions respecting the Varieties of Electric Currents and the Uses of Electricity in Medicine. With hints relating to the selection and care of Electrical Apparatus. By Ambrose L. Ranney, M.D., Professor of the Anatomy and Physiology of the Nervous System, in the New York Post-Graduate Medical School and Hospital, Fellow of the New York Academy of Medicine, Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont, etc. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1885.

Societies.

CINCINNATI ACADEMY OF MEDICINE.

Stated Meeting, December 7th. President Samuel Nickles, M. D., in the Chair.

[Reported by Dr. E. S. McKee.]

Dr. James T. Whittaker, Professor of the Practice of Medicine, Medical College of Ohio, spoke as follows on the subject of Bright's disease:

Bright's Disease. We hardly have any idea of the results of the researches of Richard Bright, unless we transfer ourselves back to the first quarter of this century. Then dropsy was considered a separate disease. The text-books contained chapters on dropsy. This was, it is true, known to sometimes depend on diseases of the heart and liver. Albumen was found in the urine. Bright displayed the first anatomical specimen of kidney disease. Bright only described one form of the disease, but the subject was immediately taken in hand by British and French investigators. French, in 1851, illuminated the field more than any one since Bright. French came to believe that Bright's disease commenced as acute, then assumed a chronic form, then later became the shrunken or chirrhotic kidney. Eminent English observers denied this. Bright's disease, they said, commenced as Bright's disease. Bartels, in 1871, said it should be called Bright's diseases, acute, chronic, chirrhotic, and amyloid. But we can not always distinguish between these; we often have the chronic and the amyloid together. Bright's disease seems to be more and more fre-

quent. It is the business of the kidneys to carry off refuse matter whether it be physiological or pathological. Carrying off diseased matter from the body, it becomes diseased. It is attacked by chemical and toxic agents. Diseases also extend from the urethra and the bladder. Many a case of kidney disease has its origin in a case of gonorrhea. I will confine myself chiefly to the theoretical part and leave the practical to those who may take part in the discussion. We use to-day the same tests as did Bright. Many others have been invented, but heat still remains the best. Of course, every student knows that the urine must be acid; if not acid, add acetic acid to make it so, otherwise the alkaline carbonates will precipitate the phosphates.

The question is, why does albumen appear in the urine? There have been many theories. It is now definitely known that albumen appears in the urine from a diseased condition of the epithelial coating of the Malpighian coils. The albumen appears transitory in the urine. What is the source of the albumen? It has been demonstrated as an absolute fact that the cause of albumen appearing in the urine is a diseased epithelial coating of the Malpighian coil. If you keep the blood from the kidney mechancically a change occurs in the epithelial cells, and albumen occurs in the urine. Senator says that the albumen sometimes transudes through the secondary capillaries lower down. Experiments have been made of cutting the kidney from the body and boiling it, and the coagulated albumen is found in the Malpighian tufts. The lighter the pressure the more albumen transudes, the greater the pressure the less. We estimate the amount of albumen present. This is seldom more than 7 per cent, .5–1 per cent may be, but 2–3 per cent generally. Many practitioners look at the albumen coagulated in the test-tube, and say 30–40–50 per cent is albumen. This is not the case. So far as the kidneys themselves appear, they show no lesions. One of the most prominent effects of kidney disease is dropsy. Many explanations are given to account for the dropsy. It has been said, the less urine the more dropsy, and, *vice versa*. Cohnheim thinks it due to a diseased condition of the blood vessels, etc. This view is, however, not very widely received.

Casts give us undoubted evidence of disease. Albumen does not prove positively, casts do. It is a familiar fact that these casts are hyaline, plain, simple, and translucent, and composed of albumen. They take the size and shape of the tubes, are never more than one millimeter in length. The bulk of testimony goes to show that the casts are transuded albumen, covered externally by cells and debris. The casts show the stage of the disease.

Uremia is, at all times, the most important symptom of Bright's disease. When the kidney ceases its function, all can see why water occurs in the blood, not only water, but also urea. It has been a familiar experiment that extirpation of the kidney, or ligature of the ureters in the lower animals, produces vomiting and symptoms of uremia. Urea may be present in the blood, but is eliminated by the skin and other organs, so that it does not poison the patient. In these patients the breath smells of urea, is very offensive and can be recognized by the physician as soon as he enters the room. The French theory, that urea is transformed into carbonate of ammonia, and as such causes trouble, has been exploded. We are compelled to believe that the symptoms of uremia are caused by urea in the blood. The quantity of urea remains the same, but other matter may not remain the same. Symptoms in the acute form are vomiting and headache. In the chronic form we have one grand *mal*. The patient lies unconscious, then falls into a deep sleep, awakens to have another. Amaurosis sometimes follows the attack. The pupils react perfectly to the light. The lesions are not in the eye, but central in character. Implications of the nerves and lungs may follow. We may have asthma with uremia. This is most distressing; it lasts weeks and months, and, in one case I knew, lasted one year. May have pulmonary edema, which is generally the last symptom before death occurs. Renal asthma is always fatal. Hypertrophy of the heart, usually the left ventricle, occurs. It is present not only in acute parenchymatous nephritis, but also in the chronic. Perhaps the most obscure point which yet remains, is renal pathology. It is only that obscure points do remain that they are investigated with any interest.

Dr. David De Beck said that no general disease comes so often before the specialist, and in no disease has the general practitioner received so much aid from the specialist as the subject under consideration. We have albuminuric retinitis, edema retinitis, hemorrhage implicating the ocular end of the nerve, more particularly in-

volving atrophy. The capillaries become sclerotic, and on section remain open. We have changes on the part of the nerve fibers and neuroglia, varicose thickenings which become crowded with oil drops. More particularly have we changes in the fibers of Müller. These become thickened and extremely refractive and sclerotic. These are important changes. In all cases of albuminuric retinitis we have the vessels more or less involved. The arteries which should be $\frac{2}{3}$–$\frac{4}{5}$ the size of the veins we have reduced to $\frac{1}{6}$–$\frac{1}{4}$ the size of the veins, the veins remaining about the normal thickness. We notice also the changes due to endarteriitis. In this we have degenerative changes taking the lead. We have fatty patches in the retina. This may be a form of papillitis, optic neuritis, or neuroretinitis from intra-cranial causes. Of greatest importance to the general practitioner is, how often do we see these cases? Wagner saw 12 per cent; Frerichs, 15 per cent; La Courasier, 20–25 per cent; Legner, 28 per cent of chronic kidney cases. I, myself, out of 22 cases have seen 6. The general practitioner does not appreciate the finer changes, and his per cent is low. The specialist appreciates these finer changes, and his per cent is high. The proper per cent is probably 20–25 per cent. It has been proposed by a prominent oculist that in certain cases of albuminuric retinitis premature labor be induced. In one case this has been advised and done.

Dr. W. W. Seely said the previous speaker had omitted one or two clinical points of interest from an ocular stand-point in regard to these eye pictures. It is generally known that this disease of the fundus oculi may improve, and the kidney disease grow worse, and *vice versa*. The trouble in the fundus oculi may remain the same, and the vision very markedly improve. It is a curious fact that this disease in the bottom of the eye has been seen in cases of albuminuria due to malaria. I have seen at least one case. The connection between the disease and the appearance in the fundus oculi is very mysterious. I do not think that the attention of even the general practitioner has been sufficiently directed to these manifestations of malaria. I called attention, several years ago, to a serous effusion into the vitreous humor due to malaria. It had been diagnosed by another as hemorrhagic effusion. I have seen typical cases of retinitis due to kidney trouble, which in turn was due to malaria.

Dr. R. B. Davy failed to see the connection of the eye trouble with the general disease. A complete study of the eye enables us to advance very little in our treatment of the disease. Nothing has been said concerning the changes in the blood. One very important point is to measure the amount of albumen in the urine. The doctor then reported a case.

Dr. J. H. Tate spoke of the ocular appearance in chronic cases. In twenty-three cases of puerperal eclampsia he found the eye sensibly affected in three. In two cases one eye alone was affected. In one the vision in the eye was almost completely lost for several days. Both cases made a complete recovery. One case I know of, the patient, a young woman, almost entirely lost the vision of both eyes. She is perfectly healthy otherwise. Many practitioners say we can not have Bright's disease, acute form, unless we have structural change in the kidney. I think this is erroneous. I have seen the urine return to a normal condition in a few days after puerperal eclampsia. No woman should be allowed to have eclampsia. Every practitioner should make it a rule to visit his patients as soon as engaged to attend them in labor, and carefully examine the urine. If albumen is found he should treat her to prevent eclampsia. If no albumen is found, he should examine her again at intervals to be sure there is none present. I have never seen eclampsia recur repeatedly in the same woman. It occurs almost invariably with the first child, with twins, or with women suffering from chronic Bright's disease. In the latter case the induction of premature labor might be considered; even in this case preventive medicine might be employed successfully.

Dr. C. O. Wright thought it had been the experience of every man to have cases of puerperal eclampsia in which no albumen could be found.

Dr. Tate supposed that in many cases kidney disease in women is confined to one kidney. We can easily see why this is, from the right oblique pressure of the pregnant womb. Its function may be almost entirely, if not entirely, stopped; hence, no albumen in the urine. We have had gentlemen here to-night to tell us of what is said or done in France or Germany, but few who tell us what they have seen or experienced or reflected. Let us have a little American thought, experience, and independence.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

At the last meeting of the Academy of Medicine the following physicians were nominated for officers: For President, Drs. Henry Noyes and Wm. M. Draper; for Vice-President, Drs. G. L. Peabody and A. M. Jacobus; Recording Secretary, Dr. Roosa; Treasurer, Dr. Bryant; and Dr. A. R. Robinson Corresponding Secretary.

Dr. M. H. Henry read a paper entitled "A Review of the Life of Dr. Louis Elsberg, and the Advances of Our Knowledge of Diseases of the Throat during his Professional Career." Dr. Henry referred to the many professional and scientific papers that had been presented to the profession by Dr. Elsberg; mentioned the fact that he was the first to open a public clinic for diseases of the throat in this city; in association with others he founded the American Laryngoscopical Society, and that he was the first to demonstrate and teach in public the use of the laryngoscope.

A ward for sick children has been opened in the New York Post-Graduate School, in charge of Dr. Sarah J. McNutt, who is a clinical instructor at the School. It is intended principally for the reception of infants, under one year of age, suffering from acute diseases. It was intended not to open the ward till sufficient money had been obtained to run if two years, but as there is such a pressing need for the hospital treatment of such cases, Bellevue being the only general hospital where infants of this age are admitted, it has been determined to immediately take in as many cases as possible. The ward is a very bright, well-ventilated room on the fourth floor; it contains six beds for the accommodation of twelve patients.

At the last meeting of the Medico-Legal Society, Professor Ogden Doremus reported another case of fatal poisoning from the local use of muriate cocaine. It was the opinion of several members of the Society that cocaine should be labeled a poison in the drug stores.

Dr. Cyrus Edson, of the Health Department, has called attention of late to the danger of wearing certain kinds of colored stockings, especially those made by a firm in Saxony, and sold in this city. The dye was found, on analysis, to contain poisonous quantities of arsenic and antimony. It is a well-known fact that many dyestuffs coming in contact with the skin will cause dermatitis and develop eczema in those who are predisposed to the disease. I have seen several cases of eczema produced in this way: Two cases in which the hands were affected from the red lining in the gloves; several of the feet, from colored stockings; one of the forehead, from the colored lining of the hat, and a severe eczematous eruption of the hands, in the case of a tailor, caused by handling colored cloth; but in all the cases the eruption soon disappeared after appropriate treatment and the removal of the cause.

Physicians who have had to attend cases of variola are having much trouble of late. Dr. Codene, of Montreal, a prominent anti-vaccinationist, has been prosecuted in the Health Court for neglecting to report a case of smallpox which he was attending while in this city; another physician has been sued for reporting a case and having the patient removed to the hospital. Dr. Purdy stated that he found the patient suffering with headache, backache, pain in the loins, and fever, with a typical smallpox eruption over the body. He called Dr. Lockwood, Assistant Sanitary Inspector, in consultation, who entirely agreed with him in his diagnosis. On the witness stand, the patient said she had accidentally poured some acetic acid on her body, and that this caused the eruption. When she was removed to the hospital, the attending physician declared she was not suffering from variola. Drs. Austin Flint, Keys, Piffard, and Morrow, testified their belief, from the symptoms of the case as stated by the defense, that the patient had had smallpox. The patient sued for $10,000, and obtained a verdict of $500. The cause of Dr. Purdy has been taken up by the Medical Society of the County of New York. At their last meeting they appointed a committee to consider the advisability of the Society defraying the expenses of appealing the case, with power to appropriate money for that purpose. These two cases remind me of the man who was advised to say his prayers and lead a better life: he said he would be damned if he did; but, on a second thought, he knew he would be damned if he didn't.

According to the daily papers, an amusing incident occurred in court the other day in connection with a complaint made by Dr. Edson, that a certain confectioner was offering for sale cocoanut candy made

from tainted cocoanuts. He said in analysis he found the cocoanuts used bad and unfit to be eaten; he fed his horse with some of the candy, "and they actually made the animal sick." The confectioner, to prove his candy was good, offered to eat some of that which Dr. Edson has in his possession. After eating it with evident relish, some of the jurors requested a taste. The judge asked them how they liked it. "First rate," they answered in a chorus, and each re-filled his mouth after answering the judge's query. It is needless to say the prisoner was acquitted. It is only fair to the doctor to say he has since stated the candy consumed in the court-room was not the same that he had analyzed.

J. CLARK MCGUIRE.

NEW YORK, December 5, 1885.

Selections.

THE MECHANISM OF "BEARING DOWN." In a recent number of Virchow's *Archiv*, Dr. A. Lawrentieff, of St. Petersburg, has contributed an important paper, entitled *Zur Frage von der Kraft und Wirkung der die Bauchpresse bildenden Muskeln*. It consists of a series of mathematical calculations of certain factors associated with the direction of the action of the muscles which are immediately concerned in pressure on the abdominal cavity, especially during childbirth. Dr. Lawrentieff also enters into a minute description of the muscles of the abdominal walls. Sixteen muscles share in the process of diminishing the dimensions of the abdominal cavity, some directly, the remainder indirectly through forming fulcra for the former. To the first set belong the pairs of external and internal obliqui, transversales, recti, pyramidales, and quadrati lumborum, the diaphragm, and the levator ani, the two muscles of that name being taken as one. The two erectores spinæ, when in a state of contraction, act as fulcrum for the preceding muscles. We may here add that many authorities attribute the same office to a large number of muscles which fix the trunk during straining efforts. The author describes at length an ingenious process by which he was enabled to make his calculations, muscles from the fresh subject being subjected to very careful measurement.

Dr. Lawrentieff briefly recapitulates the opinions of others upon his subject. Scanzoni looks upon the expulsive power of the abdominal muscles as a purely reflex act, which accompanies the pains, especially toward the end of the process of expulsion of the fetus, though he ascribes to it not only a considerable expulsive action, but also the power of stimulating uterine action. Lahs is also of opinion that the contracting power of the abdominal muscular apparatus depends upon that of the uterus, and acts in precise accordance with the latter. Kehrer also considers the expulsive action to be purely reflex and quite independent of the will in the second stage of labor, and describes the muscles which take part in the process individually, without noticing their action as a whole. Küneke lays great stress on the expulsive power of the abdominal muscles, but considers, as do Schatz and the above-named writers, that they still play the second part in the act of expelling the fetus. Most of the authors of systematic German works on obstetrics admit the great power of the abdominal muscles, especially when there is resistance in the pelvic region, but allow that our knowledge of the subject is still incomplete. Professor Haughton, whom the author recognizes as a most trustworthy authority in animal mechanics, differs from the above-named authorities in declaring, as a result of calculation, that, in the second stage of labor, the abdominal muscles exercise ten times more force than the uterus.

The precise nature of the action of the abdominal muscles itself is also disputed. Schatz speaks of it as being effected by an apparatus which lessens the capacity of the abdominal cavity, and consists of two parts, the muscles of the parietes and of the lumbar region, which have their fixed point at the vertebral column, and the diaphragm, which covers the cavity like a dome. Haughton, in his Principles of Animal Mechanics, confines himself to a description of the action and power of the muscles of the parietes, without considering the nature of pressure from above. The general anatomists, like the systematic obstetricians, speak little of the combined action of the abdominal muscles, describing those structures chiefly in detail. Henle treats the quadratus lumborum as though it were a muscle of the lower extremity, while he ascribes to it a trifling share in movements of the vertebral column. On the other hand, Luschka calls it the rectus abdominis posticus, and classes it among the abdominal muscles.

Dr. Lawrentieff concludes the long ac-

count of his calculations with a summary, a luxury very grateful to the reader, especially in such a subject as the present, and not always to be found in the learned contributions to the *Archiv*. It deals almost purely with the mechanical aspect of the question, and can not be made intelligible without the valuable series of diagrams which accompany the paper. It is proved that the obliquus internus is the most powerful of the three lateral muscles in the parietes. For mechanical reasons, the muscles which share in the expulsive action are, thanks to the wide resisting surface which they present, capable of prolonged action, when they gain in force what they lose in precision and velocity. The tendinous inscriptions on some of the muscles increase the extent of their power as resistant surfaces. The laws of physics prove that the diaphragm acts from above downward and forward, the muscles of the parietes from before backward and downward. The expulsive force acts parallel to the axis of the pelvic brim, and not at an angle to it, as Schatz has asserted. The changes which take place in the dimensions of the abdominal cavity during pregnancy, under normal circumstances, alter the curves of the broad muscles of the parietes in such a manner as to allow those muscles to exert their expulsive force with far greater effect than before pregnancy. It will be seen that Dr. Lawrentieff is inclined to attribute to the abdominal muscles a great, if not a predominant, share in the second stage of labor. He does not neglect to refer to the other purposes to which the expulsive action of the abdominal muscles may be applied.

As his monograph is highly important, yet, from its philosophical and mathematical character, very difficult to read without an accurate knowledge of the German language, it is much to be desired that it may be translated into English. In association with Landau's recent work on movable liver and pendulous abdomen, it will represent an addition to our knowledge of the physiology of abdominal walls, which must not be overlooked. Lastly, just as some anatomists overlook mechanics, it must be borne in mind that too profound a devotion to the physics of the abdominal muscles may also lead to error. We must judge between the Quains, Cruveilhiers, and Hyrtls, on the one hand, and the Haughtons, Humphreys, and Lawrentieffs, on the other.—*British Medical Journal.*

Sarcoma After Injury.—At a recent meeting of the Medical Society of London Mr. A. Pearce Gould (British Medical Journal) read a paper on the development of sarcoma shortly after injury, founded on three cases recently observed:

The first was that of a girl aged sixteen, who, three months after she had struck her forearm, noticed a swelling of the upper end of the radius, which enlarged rapidly under observation until it involved the upper third of the bone. Puncture of a fluctuating area with an aspirating needle resulted in the withdrawal of some bloody fluid. The patient made a good recovery. The tumor was found to consist in great part of a large blood-cyst. On microsopic examination, its structure was seen to be that of a myeloid sarcoma. The second case occurred in a woman, aged twenty-six, who, three months previously, had struck her thigh. Two months later a swelling was apparent and steadily increased, so that when first seen the whole bone was involved and the tumor had attained a large size. The tumor was situated on the outer side of the bone, but, on section, was seen to extend into the medullary canal. It contained several blood-cysts, and was in part ossified. The limb was amputated by a modification of Mr. Furneaux Jordan's method. Soon after amputation of the thigh recurrence of the growth occurred in the groin. The secondary tumor was excised, but the disease had recurred in the stump. The third patient was a man, aged seventy, who, on October 29, 1884, struck his arm and elbow. He was admitted into Hackney Infirmary, and treated for contusion. On November 18th he was discharged, but was readmitted in February on account of pain and swelling of the arm. The humerus was greatly enlarged and broken. It was put up in splints; but the swelling rapidly increased, and the limb was amputed. Mr. Gould quoted a considerable number of cases where sarcoma appeared soon after injury, recorded by various writers. It was important, he said, to class separately those cases in which growths followed, not after repeated slight injuries (irritations), but a single injury. He confined his remarks to the first class of cases, and observed, in the first place, that the relation between the injury and the growth was not accidental, though the injury itself was not the all-sufficing cause. To state that the patients were predisposed to the growth of such tumor did not account for

the fact that such patients had previously received many injuries, perhaps in the very same part, without the development of a tumor. The cases occurred most frequently between twenty and forty years of age, an age when injury was most frequent and in those bones which were most exposed to injury.

ABSCESS OF THE LUNG PRODUCED BY SWALLOWING A PIECE OF GRASS—RECOVERY.—The following interesting case was reported to the New York Medical Society by Richard Petch, M. D. (British Medical Journal):

S. M. P., a girl, aged three and a half, was subject to attacks of bronchitis, but otherwise was strong. On June 29, 1883, she was walking in the fields with her mother, when the latter heard her coughing violently, and crying out that she had something in her throat. Turning quickly to see what was the matter, she found the child gasping, and apparently on the point of choking. On looking in her mouth, she saw what she took to be a piece of grass behind her tongue; but, owing to the child's struggles, she was unable to get hold of it, and it seemed to disappear, being, as she though, swallowed. For the rest of the day the child coughed a great deal—an irritable dry cough—and complained of her throat hurting her. This continued two or three days, and she also complained occasionally of a pain, as she said, in her stomach. The cough continued, but became less frequent and severe; there was no expectoration. She began to fall off in health, lost her appetite, was thirsty, had headache, and became thinner.

I saw her first on July 13th, when I found her suffering from fever (102°), frequent, quick pulse (130), and accelerated respiration (30). On examining the lungs, I found on the whole of the left side, posteriorly and laterally, slight *râles*, and indistinct dullness, with impaired expansion; the right lung was normal. A few days later she began to expectorate muco-purulent sputum without blood. The sputum quickly became entirely purulent and more copious; it also became offensive, and was brought up with a good deal of retching. Her breath became very offensive, permeating the whole room, and after a coughing spell and ejection of horribly smelling pus, it was almost impossible to stay in the room until fumigation and a widely opened window had cleared off some of the odor.

August 5th. She spat up a small piece of grass.

August 11th. We noticed a projection between the fifth and sixth left ribs, in the axillary line; it was very painful, and respiration was absent over it. It gradually increased in size, and, on August 16th, burst, and let out, along with a good deal of offensive pus, a piece of grass, which seemed to be the flowering axis of one of the graminaceæ. It was about an inch and a half in length. After this the abscess gradually diminished in size, the pus became less, and by August 25th had ceased running, the wound being apparently healed. She had no cough, pain, or fever; she began to eat, and slept well.

August 28th. She was not so well, complaining of pain over the site of the abscess on movement.

August 29th. The abscess was found to be filling again.

August 30th. The abscess burst, discharging a large quantity of healthy, sweet pus, with no grass. After this, she continued to improve in health, but the abscess also still continued to discharge slightly, and, as it seemed to make no progress toward healing, on September 15th, I gave her chloroform, and, exploring the sinus, found the probe pass to the depth of three inches into a cavity with rigid walls, giving the impression of the cartilaginous walls of one of the larger bronchial tubes. I advised her removal to the sea-side, where she improved immensely in health, the pus diminishing, which it continued to do until the end of November, when it ceased, and the wound finally healed.

I saw her in January, 1884, when I found her perfectly well; and, on examining the chest, found respiration, etc., perfectly normal over the whole lung, and no shrinking of the chest-walls.

Remarks. This case strikingly illustrates the *vis medicatrix naturæ*, upon which we have so frequently to rely, and with such well-merited confidence, especially in children's cases. It appears that the piece of grass, having been drawn by inspiration into some small bronchial tube, set up inflammation in the tube and surrounding pulmonary tissue, and general hyperemia of the lung. The localized inflammation, passing into abscess and tending toward the surface, happily excited adhesive pleuritis, thus shutting off the pleural cavity from the entrance of pus and consequent disastrous consequences.

Recovery, though tedious, but not excessively so, considering the disease, seems to be perfect; for over the site of the abscess, as indicated by the scar, respiration is perfect. I presume there is a narrow cicatrix of the lung occupying the site of the abscess, and that the surrounding lung has expanded so as to fill up its former situation.

Treatment, at first, when precise diagnosis was uncertain, merely sympathetic, consisted, when the nature of the affection was plain, of abundance of nourishment, assiduous poulticing and fomenting of the side (to which I ascribe no inconsiderable share in the favorable result), a free supply of fresh air, and aerial disinfection by, and antiseptic inhalations of, sanitas oil.

The employment of the trocar to evacuate the abscess was considered, and mentioned to the parents, who strongly objected to any interference; and I did not at all press it upon them, as, seeing the continued favorable progress of the disease, I was inclined to trust to nature, and, further, was doubtful whether I should be enabled by the trocar to withdraw the grass, the *fons et origo mali*, without which the operation would be useless. For the former reason I was still less inclined to the use of the knife, although doubtless in some cases it would be the better treatment.

ASTHMA AS RELATED TO SKIN DISEASES Dr. L. Duncan Bulkley, in a paper on this subject, read before the British Medical Association (British Medical Journal), from the results of an extended study, concludes as follows:

1. Asthma has been observed in patients with certain diseases of the skin in such a manner as to indicate some occasional relationship between the two.

2. Asthma does not occur, probably, in more than one per cent of patients with diseases of the skin, and those mainly of the class known as exudative or inflammatory disorders.

3. This occurrence of asthma in skin-patients can not be looked upon as a coincidence, nor is the skin disease to be regarded as a cause of the asthma; but both the skin and bronchial difficulty depend upon the same internal cause, which may be nervous in origin, or may result from some altered condition of the blood.

4. While the theory of the dependence of asthma on a state of spasm of the muscular element of the bronchial tubes has very strong evidence in its favor, it is still possible that the paroxysm of asthma may be occasioned by sudden and evanescent swelling of the mucous membrane of the bronchioles, partaking more or less of the characters of the wheals of urticaria, occurring both on the mucous membrane of the mouth and on the skin.

THE INFLUENCE OF VARIOLA ON TUBERCULOSIS.—The discussion of the influence of one form of germ on another lends interest to the following statement, made at a recent meeting of the Cincinnati Academy of Medicine, by Dr. Davy (Lancet and Clinic), who stated that he had a case of advanced tuberculosis, who was attacked with variola, and on recovering from this acute attack all lung trouble was gone, and he has since remained well.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from December 6, 1885, to December 12, 1885:

First Lieutenant H. P. Birmingham, Assistant Surgeon, ordered for duty at Camp Grant, Riverside Park, New York City. *First Lieutenant Geo. E. Bushnell*, Assistant Surgeon, ordered for duty as Post Surgeon, Fort Preble, Me. *Captain Wm. J. Wilson*, Assistant Surgeon, ordered for duty as Post Surgeon, Plattsburg Barracks, N. Y. *Captain D. M. Appel*, Assistant Surgeon, ordered for duty at Jackson Barracks, La. (S. O. 256, Dept. East, December 4, 1885.) *First Lieutenant Edward Everts*, Assistant Surgeon, ordered from Department Columbia to Department Arizona. (S. O. 279, A. G. O., December 5, 1885.) *First Lieutenant A. S. Polhemus*, Assistant Surgeon, relieved from duty at Presidio of San Francisco, Cal., and ordered for duty as Post Surgeon at Fort Halleck, Nev., relieving acting Assistant Surgeon Loren N. Clark, U. S. Army. (S. O. 113, Department Cal., November 30, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended December 12, 1885:

Yemans, H. W., Passed Assistant Surgeon, granted leave of absence for fifteen days. December 7, 1885. *Bratton, W. D.*, Assistant Surgeon, when relieved to proceed to San Francisco, Cal. December 12, 1885. *Norman, Seaton*, Assistant Surgeon, appointed an Assistant Surgeon, December 11, 1885; assigned to duty at New York, N. Y. December 12, 1885.